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ABSTRACT

Provided is the final report of the Arkansas Child Abuse and Neglect Demonstration Project, a service delivery model based on the use of volunteer personnel to provide services directly to families with child abuse problems. It is noted that the project was carried out by SCAN (Suspected Child Abuse and Neglect), a non-profit voluntary agency. Listed are original goals of the project, and explained in detail are revised second-year goals including the following: to identify, develop and coordinate county-wide resources for more effective SCAN operation; to implement public and private agency groups providing services; and to educate the community regarding dynamics of abuse and the necessity of reporting as provided by state law. Brief sections cover the three model program components of education, diagnosis, and treatment; and a chronological description of the program. The bulk of the document consists of appended materials such as descriptions of procedures used, background and history of the program, and a copy of the Arkansas Child Abuse Act (Act 297 of 1975). (IM)

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FINAL REPORT

Arkansas Child Abuse and Neglect

Demonstration Project

90-C-78

Project Director: Kathleen Underwood
Manager, Children's Services
Social Services Division
Department of Human Services

Sub Contracts: SCAN (Suspected Child Abuse and Neglect)
University of Arkansas
Graduate School of Social Work

Duration of Project: May 1, 1974 - July 31, 1977

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PURPOSE AND OBJECTIVES

The Arkansas Child Abuse and Neglect Project was the outgrowth of a grant proposal initiated by the University of Arkansas at Little Rock, Graduate School of Social Work as a means of testing out the applications of a protective services delivery model based on utilizing volunteer, lay personnel resources to provide direct services to families with abuse problems. Arkansas Social Services, the public agency, mandated to provide protective services, became the grantee agency and contracted with SCAN (Suspected Child Abuse and Neglect), a non-profit voluntary agency to carry out the project. A small sub contract with the Graduate School of Social Work was also arranged for certain technical and administrative tasks. As stated in the original grant proposal, the projects goals were:

(1) To organize and train voluntary lay therapists to work with the abused child and his family in four counties in Arkansas;

(2) To develop diagnostic teams in community hospitals in the four demonstration counties to staff and diagnose cases of child abuse or neglect found among the patient population;

(3) To develop consultation teams comprised of protective service specialists, Mental Health specialists, pediatricians, etc., to provide consultation and assistance in those cases of suspected abuse and/or neglect that are not reported through a hospital setting.

(4) To coordinate the SCAN volunteer effort with all service and supportive agencies in the counties served;

(5) To organize a Parents Anonymous group in each of the counties served;

(6) To assist in provided a coordinated, comprehensive community-based volunteer service to abused children and their parents in the four demonstration counties - a model that can be expanded to statewide coverage.

REVISIONS

A condition, imposed by the federal funding sources, of the grant's approval was that the proposed first year project be reduced to three, rather than four Arkansas counties. It is important to note here also that much of the start up work in the three counties had already been accomplished by the time the grant was awarded. SCAN, as a private agency, had been operating in Pulaski County - the state's most populous - for approximately two years so that grant funding offered opportunity to expand on and improve the model that had already proven itself in a limited way.

As indicated in the project's First Year's Progress Report, the project's original goals had largely been accomplished within that year. Goals and objectives were revised to reflect directions and needs that had emerged out of the first year experience and these were set forth in the second year continuation application as follows:

(1) To identify, develop, expand, contract and coordinate county-wide resources necessary for more effective SCAN/Social Service operations:

(See attached SCAN/Social Services Procedures, Attachment 1.)

a) To identify all available resources that provide services to children and families.

b) To list those agencies appropriate to project clients based on and including the following information:

1. agency director
2. type service
3. hours of operation

c) To develop and design plans for assistance from community groups that can be integrated into overall project goal (for example, Hospital Auxilliary, Junior League, Youth Groups, Churches).

d) To expand existing resources so that the needs of clients are sufficiently met. (e.g. day care, foster care, emergency homes).

e) To enter into written agreements between the project and those agencies willing to provide services to project clients. (See #b above).

f) To coordinate available county-wide resources by establishing referral procedures between the project and those agencies with whom written agreements are made. Referral procedures will be incorporated into activity "e" and will reflect:

1. cases appropriate for SCAN
2. cases appropriate for Social Services

Mandated agencies will be advised of referral procedures. In making written agreements and establishing referral procedures, the project will agree to provide feedback to agencies, at the same time insuring the client's right to confidentiality.

(2) To implement the efforts of public agencies/private agencies/voluntary groups in providing services to clients. (To implement procedures established in objectives)

Activities:

a) To continue development of consultation resources from public, private, and voluntary groups.

b) To set up a speakers bureau comprised of representatives from public agencies, private agencies and voluntary groups.

c) To establish a legislative committee comprised of representatives from public and voluntary groups to communicate legislative needs in the area of Child Abuse and Neglect, including the drafting of new legislation when appropriate.

d) To assign specific tasks to volunteer groups such as babysitting, transportation, public education and assistance to Parents Anonymous.

(3) To ensure the immediate delivery of services to project clients, and to encourage other agencies to accept and provide services to referrals on a more immediate basis.

Activities:

a) To continue to recruit and train lay therapists to provide treatment to project clients in the three project areas.

b) The project continues to provide services on emergency cases within one hour.

c) Agreement with mandated agencies (police, courts and Prosecuting Attorney's office) to provide assistance, if necessary, in emergency cases.

d) All appropriate referrals to project will be evaluated, assigned for treatment, or referred to appropriate agencies.

e) Encourage (through on-going education of professionals and through written agreements) other agencies to give priority to project clients.

Limitations: lay-therapists will only provide treatment to three active cases at any one time.

(4) To educate the project community, including professionals, regarding dynamics of abuse and the necessity of reporting as provided by state law.

Activities:

a) To continue public education regarding abuse and the availability of treatment through media, posters, lectures, audio-visuals, speaking engagements, and consultation.

Limitation: Public speaking will be limited to selected engagements by project staff and the delegation of this task will be made to public, private, and voluntary groups.

b) Prevention, aimed at parents who want help before abuse occurs, is a part of education and will be coordinated with the efforts of Parents Anonymous.

c) Participation in training and seminars.

d) SCAN training for lay therapists will be announced and open to professionals and lay people.

MODEL PROGRAM COMPONENTS

The SCAN model has three components: Education, Diagnostic (receipt of reports and investigation are a part of the diagnosis), and Treatment.

I. The Education Component

Public Information and Training

Built into the project from the beginning was a commitment to educate the public both as a preventive and a case finding effort. Responsibility for accomplishing this task was spread throughout the program so that paid staff, volunteers-professional and lay were utilized to educate and inform the general public. This activity has routinely taken place on the local level and has also spread to regional and national workshops, conferences and the like as interest in the volunteer model has grown. A particularly exciting feature of the education service has been the parents panel - composed of Parents Anonymous members which has accepted speaking engagements throughout the State. The panel has proven effective in training newly recruited volunteers, in sensitizing community professionals to the feelings and needs of abusing parents, and in encouraging self referrals. A hidden benefit, often spoken to by the parents who appear on such panels is the personal growth and self-esteem they experience as a result.

Called upon to extend training to key community services providers such as day care center staff, public health nurses, policemen, etc., project staff responded to these requests so that coordinations and referral systems were established and improved.

It is a credit to the education's effort by SCAN staff that the University of Arkansas Medical School curriculum for first year students includes content on child abuse and neglect.

In-Service Training

A basic feature of the SCAN program is its training session for new volunteers. During the demonstration period, this intensive three-day training was open to anyone interested in attending and attracted people from throughout the State and from other states. Trainers, all professionals who volunteered their time, conducted sessions on identification of Abuse, Interviewing, and Human Behavior-Child Development.

Experienced lay therapists who tended to be in need of more advanced content were provided separate in-service training sessions structured around their request or needs and also delivered by volunteer professionals or project staff. In-service training for project staff was conducted by faculty from the University of Arkansas at Little Rock, Graduate School of Social Work.

II. The Diagnostic Component

Operationalized chiefly through hospital committees, the diagnostic component was viewed as the resource for consultative input from community professionals. Each demonstration county established hospital committees composed of inter-disciplinary representatives. Although these teams primarily reviewed and made recommendations on hospital cases (likely to involve most serious injuries) they also responded to the need for this kind of consultation regardless of the type care. Typically, the hospital team heard pertinent case information, arrived at consensus regarding case dispositions, made recommendations on treatment planning and set up expectations for follow up and feedback.

III. The Treatment Component

SCAN, as a private protective services agency, had, under the provisions of the grant, responsibility for direct services to the families with abuse problems. The SCAN concept embodies the use of volunteers, called "lay therapists", to provide abusive parents with a model for "healthy parenting, to provide support in crisis situations, and to enable abusive parents to become receptive to other available services. Typically, the lay therapist is a middle class white female, married, with school age children. She has several years education beyond high school, usually a bachelor's degree and some experience as a volunteer in the model traditional sense of the word. This profile does not, however, describe the success SCAN has had in recruiting minority (specifically black) lay therapists, males, those who have professional training and work experience, and, even a small number of parents who have had abuse problems themselves.

Lay therapists are supervised by paid staff who hold professional degrees (in counseling, social work, nursing, etc.) or have had experience in direct services.

The treatment process seems to evolve as lay therapists reach out to parents, making themselves available on a 24 hour basis, meeting dependency needs and establishing trust relationships based on caring. The initial processes are seen as "re-parenting" stages in which parents can experience emotional nurturance and feel better about themselves. Setting limits becomes an important goal and, along with explicit messages that abuse must cease, the lay therapists offer alternatives to this behavior. Conceptually, the treatment process moves toward enabling parents to solve problems independently without resorting to abuse. Lay therapists are guided in this process by professional staff who help the volunteer structure the concepts around tasks that facilitate behavioral change.

CHRONOLOGICAL DESCRIPTION

At least a year before the demonstration grant application was begun, interest in the SCAN model had been generated and efforts aimed at improving the protective service delivery system were taking place. Events such as a visit by Jolly K. (Founder of Parents Anonymous), the death of a battered child and knowledge of the SCAN program's operating in Pulaski County, prompted community concern and beginning efforts. One such effort was in Jefferson County where graduate social work students from the University of Arkansas Graduate School of Social Work, as part of their field placement, developed a community Task Force for Child Protection. In Garland County, following a visit by Jolly K., a community mental health worker, experienced in child welfare, started a chapter of Parents Anonymous. Similar efforts were taking place in Washington County so that when these counties were identified to participate in the demonstration, it was with some sense of community interest, need and support.

By May, 1974, when grant funding began, start up operations were well advanced in Jefferson, Garland and Washington counties. Each community had task forces working to build support, to identify resources and to recruit volunteers. Thus, with the grant award staff and facilities that had already been identified became operational.

Of the many start up tasks to be accomplished - establishing accountability, record-keeping, information systems - that of coordination between Arkansas Social Services and SCAN loomed as the most critical and at least retrospectively, the thorniest. The public/private agency cooperative arrangement presented a clearly unique situation that had not been thought through in the planning. Cooperative procedures, drawn up by the project director, SCAN director and project consultant (evaluator) captured the philosophical base but failed to delineate procedures that local administrators (both Social Services & SCAN) in the three counties could follow. The service delivery system represented an artifical structure (demonstration project) superimposed over the traditional operations of a large bureaucratic system and the innovative approaches of a fledging private agency. Issues such as the legality of SCAN's receiving reports whether the reporter satisfied the law by reporting to SCAN, whether, in fact, a mandated agency could delegate any part of its responsibility (tasks) consumed a disproportionate amount of time and energy during the first year.

Another major problem faced by the project in its first year had to do with the nationally contracted evaluation. As the scope of the evaluation effort emerged, it was apparent that (1) the internal evaluation described in the original grant proposal was a duplication, and further (2) the project staff was unprepared and probably inadequate to meet the expectations, in terms of paper work and form completion expected by the evaluation contractor. A major milestone, then, became the project's insistence that the staff could not carry out the demonstration and also meet the evaluation demands without additional staff. Remaining firm in the conviction that they would not compromise services for the sake of compliance with the evaluation, project staff secured approval of four additional staff positions in order to facilitate the evaluation.

As described in the grant proposal, Arkansas Social Services as the grantee and the mandated state agency, held responsibility for the first level of direction and coordination for the project. It was expected that the tasks subcontracted to SCAN and the Graduate School of Social Work would be handled cooperatively through the 1/4 time project director, contributed by Social Services. Several factors seemed to complicate this arrangment so that the cooperative administrative direction was not always clear. Toward the end of the first year, the project evaluator's role was re-defined as that of management consultant in order to monitor and promote the inter-agency communication and cooperation. This role proved to be a crucial one, particularly in terms of continuity as the project director changed three times in two years.

Funding considerations posed problems for the project and made substantial impact on the program. With notification that the second year funding would be considerably higher as had been requested, the program was able to broaden and expand its second year objectives. However, the third year funding level was a cutback to the first year's level and required several program reductions. The project management consultant became half time, a Social Services staff position was eliminated, and one of the three demonstration counties was closed. All of these reductions made significant differences in the final year of the project. On the one hand, management was improved particularly with elimination of the most problematic county. At the same time the character of the demonstration testing out the feasibility of the volunteer model in three different sites - also changed so that questions regarding the adaptability of the model still remained unanswered.

Even though there are unanswered questions and one county had to be dropped from the demonstration project, six additional SCAN Units were opened during the grant period. These expansion projects are located in Drew, Pope, Mississippi, Craighead, Benton, and Sebastian/Crawford counties. Initially these new units were funded by donated match to the State Mandated Agency and Title XX Funds. The 1977 Arkansas Legislature appropriated $100,000.00 State Revenue for match, therefore the local donated match for the entire SCAN Program in 9 counties amounts to only $50,000.00.

Over the three year period, the treatment concept, described above, was maintained. The influence of expansion - additional personnel, additional county units, increased professional input through supervision, consultation and training - had had impact on the previously well contained, highly centralized program model. The effects of those changes as well as the impact of stricter accountability and monitoring on the part of the mandated agency await further evaluation.

At the end of the demonstration period, the transition from grant funds to State, local donated, and Title XX funds was accomplished in a relatively smooth manner since this had been anticipated from the beginning.

EVALUATION

The demonstration effort, assessed in terms of outcomes, successfully accomplished its stated goals and objectives.

1. Increased reporting, community awareness and involvement.

2. Recruitment and training of volunteers now well established in nine Arkansas counties.

3. Coummunity professionals regularly volunteer their services for training and consultation.

4. Supportive non-punitive support from the police and justice systems.

5. Community support and financial support through availability of matching funds for Title XX funding.

6. Activation of hospital (domestic) committees and task forces.

7. Requests for information (written and speaking engagements) from communities throughout the state and the nation.

8. Funding of a volunteer model in New York City patterned after the Arkansas SCAN model.

9. Child abuse curriculum content is the University of Arkansas Medical School and the School of Social Work.

10. Education of key community groups resulting in early detection and prevention.

11. Linkages and coordination of services with other agencies.

12. Establishment of written cooperative procedures for local coordination between SCAN and Social Services.

13. Passage of state law for protecting abused and neglected children (1975). Attachment 2.

14. Linkages with resources on a regional level.

15. Dessimination of information through workshops and conferences.

16. Unofficial State Attorney General's interpretation of law, the effect that Social Services contracting arrangement with SCAN is within legal limits. Attachment 3.

17. Continuing support of Parents Anonymous Chapter sponsored on local level by SCAN.

18. Transition from grant to State, Local and Title XX matching funds.

19. State legislative support.

20. Community recognition and support for the volunteer model and for the cooperative public/private agency effort.

The program's weaknesses, mentioned elsewhere in this report stemmed largely from the administrative constraints and problems related to accountibility and monitoring. These aspects have become the focus for continuing improvement as the program proceeds through State, Local and Title XX funding.

CONCLUSION/RECOMMENDATIONS

The utilization of volunteer personnel in the field of protective services is a viable alternative delivery system where issues of funding, staff and other resource limitations pose constraints. The Arkansas experience suggests that the model can work - that lay people - those who are not full time salaried employees - can effectively intervene in abuse situations providing concrete services, counseling, and alternatives to abuse so that families stabilize, make positive changes and no longer abuse. Our experience has further demonstrated how community resources - particularly professional expertise - can be mobilized for purposes of public education, staff training and consultation. Designing a service delivery system that encompasses the public/private agency arrangement can be workable and the demonstration has presented some guidelines for enhancing workability. It is clear that this type arrangement demands firm direction, clear delineation of roles, responsibilities and authority; and continuous monitoring that feeds into adminstrative decision-making. It is also clear that full consideration ought be given to existing organizational structures so that such projects are "plugged in" logically and with the highest possible executive sanctions.

Retrospectively, we recognize that with respect to timing, the project could not have been proposed at a worse time. The social service agency had just undergone a massive reorganization with all the problems and attitudes such massive change implies; leadership within the agency was moving from the centralized (State) level to the regional level. Many aspects of the demonstration project, then, raised issues of power and control which exacerbated an already difficult situation. Given the wisdom of hindsight, we would all choose a more benign time to install an innovative inter-agency project.

ATTACHMENT 1

Cooperative Procedures of Arkansas Social Services and SCAN in the provision of Protective Services

Since the creation of the Arkansas SCAN program, less than three years ago, the agency has demonstrated an ability to handle successfully family problems of child abuse and neglect. The child abuse project signifies the mutual desires of the two agencies to expand the provision of SCAN services throughout the state. The close cooperation between the two agencies is based upon the common goal of protection of children through strengthing family life, and upon common acceptance of philosophies and procedures inherent in good child welfare practice.

The expanding role of Arkansas Social Services and the new role of SCAN staff are still in the process of refinement and clarification. While certain general provisions must be observed in order to remain in compliance with the proposal as submitted, there is room for minor variances to meet the needs of the individual site community. The local program then becomes the point of project contact at which clear mutual understanding of roles must be achieved.

Basically, the role of the local SCAN Director is to carry out the state SCAN objective of providing immediate supportive services to parents who have a child abuse problem through the use of well-trained closely supervised volunteers.

The role of the Arkansas Social Services Coordinator is basically to insure that all the resources of the department are made available to assist and to further these activities of the local SCAN staff in their efforts to alleviate situations of child abuse.

There is a split of authority inherent in the project program. As an independent private agency SCAN procedures are determined by a Board of Directors and by Administrative Staff. On the other hand, Arkansas Social Services has statutory responsibility for the protection of dependent, neglected and/or abused children. Because Arkansas Social Services is in agreement with the philosophies and procedures established by SCAN, Arkansas Social Services delegates in the project areas certain of these responsibilities to the staff of SCAN. While delegation does not relieve the department of ultimate responsibility the further demonstration of SCAN performance is possible only if self-determination can be exercised to the fullest extent possible.

Confusion and conflict most often surface in those instances in which SCAN is working with the family, and in which the child is or may be placed in foster care under the custody of Arkansas Social Services. The sense of responsibility felt by staff of both agencies is personal, and is heightened because of the serious aspects of separating children from their parents. When the process of staffing does not resolve differences in diagnosis or treatment plans, the solution may be sought in consultation with the Regional Social Services Administrator and the State SCAN Coordinator. If a matter is to go to court there should be a unified approach with both SCAN and Social Services in agreement with the recommendation to the court.

It is required that the agency coordinator have an ongoing and close communication with the local SCAN director. It is expected that they will be in frequent contact, that there will be a sharing of information back and forth as to specific cases, as to communication linkages, as to state and federal laws and regulations and as to other matters relating to child abuse and neglect that should be known to both agencies. Communications will be enhanced when it is verbal; however, there should be written reports or referrals in situations which

require legal action, foster care, or day care. Written communication may also consist of copies of case narrative.

I. Referrals

A. Appropriate reasons for referral

SCAN will evaluate and provide services to:

1. ABUSE

2. PREVENTION OF ABUSE - (If a parent calls and expresses fear of harming the child or if a family is referred to SCAN during prenatal or post-natal period.)

3. GROSS NEGLECT - (An evaluation will be made to determine if child is in immediate danger. SCAN will provide services through the crisis and then refer the family to the appropriate agency.)

4. "FAILURE TO THRIVE" INFANTS

B. SCAN will consider providing services to:

Previous Arkansas Social Services protective service clients.

C. SCAN will not provide services:

1. NEGLECT: SCAN referrals of neglect will be referred to Arkansas Social Services Coordinators for their disposition.

2. ABUSE OF JUVENILES: (over 12) SCAN will refer these families to the proper agencies. If there are younger siblings in the home, SCAN will provide services if they appear to be abused.

II. Procedures regarding referrals

A. SCAN requests that all referrals be made immediately by telephone to be followed up by a written referral.

B. All referrals to SCAN will be reported by telephone to the coordinator.

If the reported case is appropriate for SCAN and Arkansas Social Services is not providing services to this family SCAN will accept the case.

All intake information reported by telephone will be forwarded in written form to the coordinator and to the appropriate police authority.

C. If the case is not appropriate for SCAN (such as neglect), a written referral will be sent to the coordinator for their disposition.

D. Referrals originating in the offices of Social Services shall be referred to the coordinator. The coordinator, in connection with the SCAN director, determines whether the situation is appropriate for referral to SCAN.

III. Legal and Foster Care Procedures

In working with families there is often need for the intervention of the court. This step may be taken in order to have the advice and counsel of the judge available to the parents. It may also result in court orders regarding the care of the child by his parents. (This may include agency supervision of the child in his family home.) When necessary the court action results in an order of removal of the child from the legal custody of his parents. When there is indication that some form of court action may be necessary there will be joint agency review and development of the plan and recommendation.

A. If SCAN sees the need to place a child in a foster home, the following steps will be taken:

1. The Director of SCAN will call the coordinator to discuss the family's situation.

2. When agreement is reached between the representatives of these agencies that a child should be placed in foster care while SCAN works with the parents, the coordinator will call the Agency Attorney to discuss the legal procedures for custody. (Pulaski County coordinates with the Prosecuting Attorney's office).

3. A petition should then be filed immediately by Social Services or SCAN.

4. The coordinator and SCAN will provide the necessary information on the petition. If it is a SCAN case, the Director of SCAN will be designated "the Petitioner". The petition will request that Arkansas Social Services have custody of the child or children.

5. The Director of SCAN, the SCAN worker and the coordinator will appear in court at the appointed time.

6. If foster care placement in the home of a relative is contemplated evaluations of the relatives' homes will be made by the appropriate Social Service persons. If the natural parent agrees for the child(ren) to be placed with parents, grandparents, other relatives or friends and the agency involved regards this as a positive placement, then no legal action will be necessary at this time.

7. When both parents have signed Waivers of Appearance papers, a petition and summary will be filed with the court.

8. If SCAN is providing services to a family, Social Services will consult with SCAN before requesting a court order, as well as any other significant action.

9. Transportation will be arranged by the coordinator.

10. Parental agreements may be used as a form of treatment. If this is considered the proposal must be approved by the State SCAN Director prior to the request for voluntary foster care placement in the community. After obtaining the State SCAN Director's consent the county SCAN director, the coordinator, and Regional Administrator will reach agreement on this plan. The coordinator and local SCAN director will be present when the parents sign agreement.

11. The coordinator will act in a consulting role and will assist SCAN in making tenative plans for those children who have entered foster care. Children are to be placed in foster care in the region in which the case originated. However, if it is necessary to make an emergency placement out of the region the following must be observed: First, the child must be returned to his region as soon as possible, and secondly, the coordinator is responsible for seeing that visits with parents can be and are arranged during the time the child is out of the region.

B. When a SCAN client's child is in foster care the following steps will be taken:

1. Frequent visits (weekly) between parent and child. SCAN will, upon request, provide transportation and supervision. Location and length of visit to be determined by parent's stability.

2. Extended visits will be encouraged before a child is returned home. The court should be notified in writing and permission granted verbally or in writing.

3. When SCAN or the coordinator agrees that the family has stabilized, a joint staffing may be held between the SCAN worker, the SCAN director, coordinator, and foster care worker to discuss the return of the child to his home.

4. After agreement has been reached, the SCAN worker will present a summary to the coordinator and SCAN will be available to appear in court with the coordinator and/or the foster care worker to make the recommendation that the child be returned home or to recommend that that the child be returned home under Supervisory Custody of Social Services with SCAN providing services to the family.

5. Visiting schedules between the parent and child will be arranged by the SCAN director and coordinator. The coordinator will arrange visits with foster care worker.

6. The foster care worker will refer the parent to the SCAN director for answers to any questions. SCAN staff will refer foster care questions ask by the child or foster parent to the coordinator.

7. Foster care workers may attend SCAN staffings in order to receive information as to the status of the parents.

8. If several agencies are providing services to the family (e.g. Community Mental Health Agency and SCAN) co-ordination is encouraged for a joint decision in regards to extended visits.

IV. Additional Responsibilities

A. Staffing

1. Staff meetings will be bi-weekly with consultation from consultants designated by the SCAN Board. These staffings will be closed, confidential meetings. Attendance in these staffings of persons other than SCAN personnel and appropriate Social Service personnel will be by invitation only. The project coordinators may attend as they see fit.

2. The expectation is that coordinators and SCAN directors will form a close working relationship.

3. SCAN will provide the following information to the coordinator:

   a. Intake
   b. Evaluation
   c. Court summary if necessary
   d. Social Services forms

4. Social Services will forward to SCAN progress reports of any SCAN child in foster care.

B. OTI

It will be the responsibility of the coordinator to write all SCAN OTI's both in and out of state pertaining to the families and children with whom SCAN is working. In emergency situations, phone calls will be used. They will be followed by memos or letter OTI's. OTI's will include referrals as well as requests for fact gathering information.

C. Guardianship

The coordinator will assist the foster care worker with the responsibility of making guardianship requests through Legal Services Division of Arkansas Social Services on a SCAN related case. This will be completed after consultation with members of the Regional Social Service staff and the State Director of SCAN.

D. Neglect

It is the responsibility of the coordinator to check on the status of those SCAN referrals and supportive service and neglect cases.

E. Problems

The coordinator will act as a liason between SCAN and Social Services specialists and supervisors on questions concerning mutual cases (example- day, foster care). Specifically as to who is working with a case, how long, what has been done with the case, and who should be involved. If SCAN and/or Social Services recognizes the need for a joint consultation in regards to a specific case procedure or other problems the coordinator will be responsible for arranging a meeting of all parties concerned.

F. Inter-agency Coordination

Upon request by state SCAN director or county directors, the coordinator will assist SCAN in and with specific SCAN clients concerning agency policies and/or case plans.

BACKGROUND AND DEVELOPMENTAL HISTORY

1971 — Community concern was aroused regarding the problem of child abuse following the death of a child. A group of professionals came together to discuss possible solutions. These professionals from various disciplines were instrumental in forming the Child Protection Committee at the University Medical Center to review hospital cases of suspected abuse.

At the same time, the above group was being organized, a private citizen, Sharon Pallone, encountered a young mother with a child abuse problem and set about to help her find appropriate resources. That personal encounter involving a non-professional, supportive relationship eventually led to the formation of SCAN, Inc. The psychiatrist, Dr. Lloyd Young, who treated the young mother perceived the value of Mrs. Pallone's involvement with the young mother and encouraged and guided their relationship.

March, 1972 — The State 4C Committee and Junior League invited Dr. Ray Helfer to speak at a two day confreence. That conference led to the formation of the Pulaski County Task Force with Dr. Young as chairman. A 24-hour hot line was made available through Contact, a crisis intervention center.

Spring, 1972 — Dr. Young asked Mrs. Pallone to serve as chairperson of the volunteer component of the task force and to recruit volunteers who could provide intensive supportive services to parents. The criteria suggested by Dr. Young selecting volunteers was that they have good parenting experiences and they receive training.

Summer, 1972 — Six volunteers, referred by Contact, were trained by Dr. Young, Social Service workers and other professionals. Arrangements were made with Social Services to assist their workers with existing caseloads. The lay therapists were immediately involved in continuing in-service training and staffings with professional consultants.

August, 1972 — SCAN was incorporated as a private, non-profit agency under the name SCAN Volunteers Service, Inc. and contracted, under Title IV-A guidelines, with Social Services to help carry out the protective services mandate. The first budget was $30,000 for two full time employees (a director and secretary) and $50.00 reimbursement for the volunteers which was now a group of 20.

Sept., 1973 — Social Services contracted with SCAN, Inc. to provide service to four additional counties in the state. Another training session was conducted and a state SCAN coordinator was hired to supervise the newly trained volunteers. The coordinator traveled to each county for bi-weekly staffings and maintained close contact with the volunteers by Watts line.

May, 1974 — An HEW demonstration grant was awarded Social Services to fund three counties modeled after the Pulaski County experience. The grant provided for a Social Service Coordinator, SCAN office, director, secretary, and ten volunteers in each county. Social Services appointed a project director to spend 25% time administering the grant. The Graduate School of Social Work contracted to provide an evaluator.

Sept., 1974 — The project was fully staffed and operational in each of the three counties. A training session was conducted and additional volunteers recruited and trained as lay-therapists.

Jan., 1975 — Another training session was held bringing the total number of lay therapists to 40 in the demonstration counties.

MODIFIED SCAN
The Pulaski County Task Force on Child Protection

The Pulaski County Task Force evolved from The Child Protection Committee at the University of Arkansas Medical Center, which was composed of a staff pediatrician, The Family and Children's Services Supervisor from Pulaski County Social Services, a faculty member from the Graduate School of Social Work, and others. Over the past two years, most of the other agencies and organizations in the county which encounter suspected cases of child abuse and neglect as well as concerned professional and lay persons have become members of the Task Force and actively function in one or more of its three components. It should be noted that the attached diagram must not be interpreted as depicting a hierarchy or "chain of command" in the programmatic sense, but rather it reflects the coordinating relationship that presently exists among those dealing with child abuse. The Task Force functions mostly as a facilitator of coordination, not a coordinating agency or operator of programs. It serves also as the advocate for families with child abuse and neglect problems.

A Dx (Diagnosis) mechanism for suspected cases of abuse and neglect is presently functioning in the county. The core of this mechanism is represented by three groups:

(1) Arkansas Social Services, which has the legal mandate and responsibility to protect children in Arkansas and which discharges these duties (in this case) through the protective service workers at Pulaski County Social Services and through other means.

(2) The Child Protection Team serving the University of Arkansas Medical Center and Children's Hospital makes recommendations and suggestions to the examining physician, to the social worker, to Arkansas Social Services and to SCAN, Inc., as to the disposition of suspected cases of abuse and neglect encountered at either of these institutions.

(3) SCAN, Inc. is a private, non-profit agency which provides emergency counseling services and intensive supportive therapy to abusive parents on a 24-hour-a-day basis. The agency is staffed by volunteers who are trained as lay therapists, a Director and a Secretary. The Lay Therapists attempt to provide abusive parents with a model for "healthy parenting," to provide support in crisis situations when a parent may be disposed to abuse his or her child, and to enable abusive parents to become receptive to services offered by other agencies (i.e., Mental Health Clinic).

These three groups collaborate closely on each suspected case through all phases of its management. From time to time, additional information may be needed by one or more of the groups on a particular case before a disposition can be made. In that event, outside consultation can be obtained from a variety of agencies and professionals - Juvenile Court, Prosecuting Attorney, Mental Health, Physicians, etc. - as may be appropriate to the case.

The end result is that a disposition is made on each case based upon in-puts from the appropriate sources. This disposition is made by Pulaski County Social Services and does not always include legal action; in some instances, services are purchased fro the families such as day care and lay therapy; in other instances, Pulaski County Social Services may provide counseling through its own service workers as well as foster care and other services as may be needed.

The most signigicant fact about the Dx Component in the county is that those who handle suspected abuse cases work together. As an indirect result of this, and other factors, the amount of reported cases of abuse and neglect has drastically increased over the past year, and it is generally agree that this does not indicate an increase in the incidence of the problem but rather an increased willingness to report.

The Ed (Education) Component of the Task Force seeks to inform interested lay and professional people, as well as the general public, about the problem of child abuse and neglect. Activities of this sort are conducted by the Public Information Committee, which compiles general information, such as brochures, about the Task Force and its various endeavors and dissiminates it; and the Education and Training Committee, which manages a speaker's bureau to provide direct consultation. The speakers' bureau is composed of members of the Task Force who have specific or "special" skills in the field of child abuse and neglect.

The Rx (theraputic or treatment) component features an array of specialized service resources to families with the problems of abuse and neglect, which have been developed since the Task Force was formed. One of these services agencies functions both in the Dx (diagnosis) mechanism and as Rx resources: SCAN, Inc.:[1] Although other public and private agencies also provide treatment to this population (such as Pulaski County Social Services, Greater Little Rock Community Mental Health, Family Service Agency, etc.) they were not formed, as such, as a result of the efforts of the Task Force.

CONTACT is a 24-hour crisis intervention center or "hot line". Its staff is trained in supportive listening and meets the caller at the point of his needs. CONTACT's services have been secured to receive reports of possible child abuse and neglect. After reports are received by CONTACT, they are automatically referred to SCAN, Inc., which renders emergency assistance to the families and makes the formal report to Pulaski County Social Services.

A chapter of Parents Anonymous (P.A.) was formed in Little Rock in conjunction with Mrs. Jolly K.'s visit in March of this year. Jolly K. is national president and founder of P. A.; it is composed of abusive parents and serves a self-help function much like Alcoholics Anonymous. The goal of a P. A. Chapter is to assist its members to rechannel destructive attitudes and actions into constructive ones.

Archild Day Care Center offers child care arrangements geared specifically to abused and neglected children. SCAN, Inc., Pulaski County Social Services and other agencies place children in Archild both on a short-term basis (during back-up plan) and on a long term basis for the safety of the children and for the prevention of further abuse.

Each of the three functioning components are autonomous, separate, and distinct. However, since those persons functioning in each component are also members of the Task Force, the entire mechanism is interrelated.

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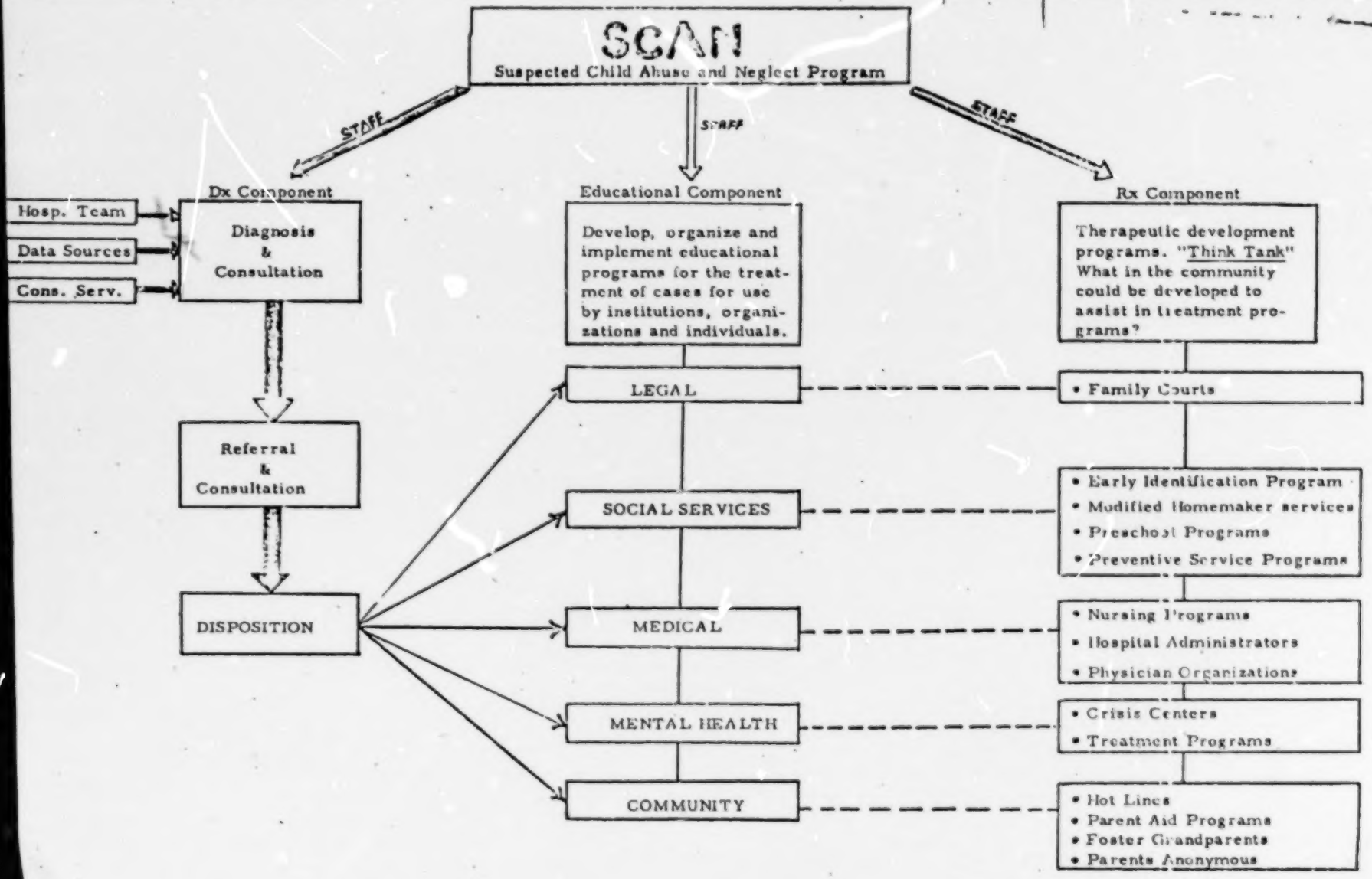
1. SCAN, Inc. could be considered as part of Pulaski County Social Services since it is funded by Arkansas Social Services to provide lay therapy and other services.


SCAN
Suspected Child Abuse and Neglect Program
STAFF
STAFF
STAFF
Dx Component
Hosp. Team
Data Sources
Cons. Serv.
Diagnosis & Consultation
Referral & Consultation
DISPOSITION
Educational Component
Develop, organize and implement educational programs for the treatment of cases for use by institutions, organizations and individuals.
LEGAL
SOCIAL SERVICES
MEDICAL
MENTAL HEALTH
COMMUNITY
Rx Component
Therapeutic development programs. "Think Tank" What in the community could be developed to assist in treatment programs?
• Family Courts
• Early Identification Program
• Modified Homemaker services
• Preschool Programs
• Preventive Service Programs
• Nursing Programs
• Hospital Administrators
• Physician Organizations
• Crisis Centers
• Treatment Programs
• Hot Lines
• Parent Aid Programs
• Foster Grandparents
• Parents Anonymous

ACT 397 of 1975

"AN ACT RELATING TO CHILD ABUSE AND NEGLECT; AND FOR OTHER PURPOSES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. It is the purpose of this Act, through the use of complete reporting of child abuse, to protect the best interests of the child, to prevent further harm to the child, to stabilize home environment, to preserve family life, and to encourage cooperation among the states in dealing with child abuse.

SECTION 2. Definitions:

(a) "Child" means any person under eighteen (18) years of age;

(b) "Abuse" means any physical injury, mental injury, or sexual mistreatment inflicted on a child other than by accidental means, or an injury which is at variance with the history given of it;

(c) "Neglect" means a failure to provide, by those legally responsible for the care and maintenance of the child; the proper or necessary support; education, as required by law; or medical, surgical or any other care necessary for his well-being; or any maltreatment of the child;

Provided, nothing in this Act shall be construed to imply that a child who is being furnished with treatment by spiritual means alone through prayer, in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof, is for this reason alone a neglected or dependent child within the meaning of this Act.

(d) "Unfounded report" means any report made pursuant to this Act which is not supported by some credible evidence;

(e) "Department" means the District or State Social Services, Division of the Department of Social and Rehabilitative Services.

SECTION 3. When any physician, surgeon, coroner, dentist, osteopath, resident intern, registered nurse, hospital personnel (engaged in admission, examination, care or treatment of persons), teacher, school official, social service worker, day care center worker or any other child or foster care worker, mental health professional, peace officer or law enforcement official has reasonable cause to suspect that a child has been subjected to abuse, sexual abuse or neglect or observes the child being subjected to conditions or circumstances which would reasonably result in abuse, he shall immediately report or cause a report to be made to the department. Whenever such person is required to report under this Act in his capacity as a member of the staff of a medical or public or private institution, school, facility or other agency, he shall immediately notify the person in charge of such institution, school, facility or other agency or his designated agent, who shall then become responsible for making a report or cause such report to be made.

In addition to those persons and officials required to report suspected child abuse, sexual abuse and/or neglect, any other person may make a report if such person has reasonable cause to suspect that a child has been abused or neglected.

SECTION 4. Any person or official required to report cases of suspected child abuse, sexual abuse or neglect, under Section 3 of this Act, including workers of the local child protective services, who has reasonable cause to suspect that a child has died as a result of a child abuse, sexual abuse or neglect shall report that fact to the appropriate medical examiner or coroner. The medical examiner or coroner shall accept the report for investigation and shall report his findings to the police, the appropriate district attorney, the local child protective service agency and, if the institution making the report is a hospital, to the hospital.

SECTION 5. Any person who is required to report cases of child abuse, sexual abuse and/or neglect may take or cause to be taken, at public expense, color photographs of the areas of trauma visible on a child and, if medically indicated, cause to be performed radiological examinations of the child. Any photographs and/or X rays taken shall be sent to the department as soon as possible. Whenever such person is required to report under this Act, in his capacity as a member of the staff of a medical or other private or public institution, school, facility or agency, he shall immediately notify the person in charge of such institution, school, facility or agency or his designated delegate, who shall then take or cause to be taken, at public expense, color photographs of physical trauma and shall, if medically indicated, cuase to be performed radiological examination of the child.

SECTION 6. A police officer, a law enforcement official or a designated employee of the city or county department of social services, may take a child into protective custody or any person in charge of a hospital or similar institution or any physician treating a child may keep that child in his custody without the consent of the parent or the guardian, whether or not additional medical treatment is required if the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the parent, guardian, custodian or other person responsible for the child's care presents an imminent danger to that child's life or health; provided, however, that such custody does not exceed seventy-two (72) hours and that the juvenile court and the department are notified immediately in order that child-protective proceedings may be initiated. The director of the local social services or health agency may give effective consent for medical, dental, health and hospital services for any abused child under the age of eighteen (18) years.

SECTION 7. (a) Reports of child abuse, sexual abuse and neglect made pursuant to this Act shall be made immediately by telephone and shall be followed by a written report within forty-eight (48) hours if so requested by the receiving agency. The receiving agency shall immediately forward a copy of this report to the statewide central registry on forms supplied by said registry.

(b) Such reports shall include the following information: the names and addresses of the child and his parents or other persons responsible for his care, if known; the child's age, sex and race; the nature and extent of the child's injuries, sexual abuse or neglect, including any evidence of previous injuries, sexual abuse or neglect to the child or his siblings; the name and address of the person responsible for the injuries, sexual abuse or neglect; if known; family composition; the source of the report; the person making the report, his occupation and where he can be reached; the actions taken by the

reporting source, including the taking of photographs and X rays, removal or keeping of the child or notifying the coroner, medical examiner and other information that the person making the report believes may be helpful in the furtherance of the purposes of this Act.

(c) A copy of this report shall immediately be made available to the appropriate law enforcement agency for its consideration.

(d) A written report from persons or officials required by this Act to report shall be admissible in evidence in any proceeding relating to child abuse, sexual abuse or neglect.

SECTION 8. (a) The department shall make a thorough investigation promptly upon receiving either the oral or the written report. The primary purpose of such an investigation shall be the protection of the child.

(b) The investigation shall include the nature, extent and cause of the child abuse, sexual abuse or neglect; the identity of the person responsible therefor; the names and conditions of other children in the home; an evaluation of the parents or persons responsible for the care of the child; the home environment and the relationship of the child(ren) to the parents or other persons responsible for their care; and all other pertinent data.

(c) The investigation shall include a visit to the child's home, a physical, psychological or psychiatric examination of all children in that home, and an interview with the subject child. If the admission to the home, school or any other place that the child may be, or permission of the parent or other persons responsible for the child(ren) for the physical, psychological or psychiatric examination cannot be obtained, then the juvenile court or the district court, upon cause shown, shall order the parents or persons responsible and in charge of any place where the child may be to allow entrance for the interview, above examinations and investigation.

(d) If, before the examination is complete, the opinion of the investigators is that immediate removal is necessary to protect the child(ren) from further abuse or neglect, the juvenile court or the district court, on petition by the investigators and with good cause being shown, shall issue an order for temporary removal and custody.

(e) The county agency responsible for the protection of juveniles, or county welfare unit, shall make a complete written report of the investigation together with its recommendations. Such reports shall be made available to the juvenile court or district court, the district attorney and the appropriate law enforcement agency upon request.

(f) The department shall make a written report or case summary together with services offered and accepted, to the state central registry on forms supplied by the registry for that purpose.

SECTION 9. Any person, official or institution participating in good faith in the making of a report, the taking of photographs or the removal of a child pursuant to this Act, shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any person required to report cases of child abuse, sexual abuse or neglect shall be presumed.

SECTION 10. Any privilege between husband and wife or between any professional person, except lawyer and client, including but not limited to physicians, ministers, counselors, hospitals, clinics, day care centers, and schools and their clients, shall not constitute grounds for excluding evidence at any proceeding regarding child abuse, sexual abuse and/or neglect of a child or the cause thereof.

SECTION 11. (a) Any person, official or institution required by this Act to report a case of suspected child abuse, sexual abuse or neglect, who willfully fails to do so shall be subject to a fine of One Hundred Dollars ($100.00) and up to five (5) days in jail.

(b) Any person, official or institution required by this Act to report a case of suspected child abuse, sexual abuse or neglect, and who willfully fails to do so, shall be civilly liable proximately caused by such failure.

SECTION 12. (a) The Court, in every case filed under this Act, shall appoint a guardian ad litem for the child. The guardian shall be given access to all reports relevant to the case and to any reports of examination of the child's parents or other custodian pursuant to this Act. The guardian ad litem shall, in general, be charged with the representation of the child's best interests. To that end, he shall make such further investigation that he deems necessary to ascertain the facts, to interview witnesses, examine and cross-examine witnesses in both the adjudicatory and dispositional hearings, make recommendations to the court and participate further in the proceedings to the degree appropriate for adequately representing the child.

(b) At any time after the completion of the adjudicatory hearing of a case of child abuse, sexual abuse or neglect and a finding of dependency therein the court may, on its own motion, or the motion of the guardian ad litem, order the examination by a physician, psychologist or psychiatrist, of any parent or other person having custody of the child at the time of the alleged abuse, sexual abuse or neglect, if the court finds such an examination is necessary to the proper determination of the dispositional hearing of the case. The dispositional hearing may be continued pending the completion of such examination. The physician, psychologist or psychiatrist conducting such an examination may be required to testify in the dispositional hearing concerning the results of such examination and may be asked to give his opinion as to whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged abuse, sexual abuse or neglect. The rules of evidence as provided by law shall apply to such testimony except that the physician, psychologist or psychiatrist shall be allowed to testify to conclusions reached from the hospital, medical, psychological or laboratory records, tests, or reports, provided the same are produced at the hearing. Persons so testifying shall be subject to cross-examination as are other witnesses. No evidence acquired as a result of any such examination of the parent or any other person having custody of the child may be used against such person in any subsequent criminal proceedings against such person or custodian concerning the abuse or non-accidental injury of the child.

SECTION 13. (A) (1) There shall be established within the Family Services Division of the State Welfare Department, a statewide central registry for child abuse, sexual abuse and neglect made pursuant to this Act.

(2) There shall be a single statewide telephone number that all persons, whether mandated by law or not, may use to report cases of suspected child abuse, sexual abuse and neglect and that all persons so authorized by this Act may use for determining the existence of prior records in order to evaluate the condition or circumstances of the child before them. Such oral telephone reports shall immediately be transmitted by the central registry to the local child protective services. If the records indicate a previous report concerning the subject of the report or other pertinent information, the appropriate local protective agency shall be notified of these facts.

(3) The central registry shall contain, but shall not be limited to: All information in the written report; record of the final disposition of the report including services offered and services accepted; the plan for rehabilitative traatment; the names and identifying data, dates and circumstances of any persons requesting or receiving information from the registry; and any other information which might be helpful in furthering the purposes of this Act.

(4) Reports made pursuant to this Act, as well as any other information obtained, and reports written or photographs taken concerning such reports in the possession of the department shall be confidential and shall be made available to: (a) a physician who has before him a child whom he reasonably believes may have been abused, sexually abused or neglected; (b) a person authorized to place a child in protective custody when such person has before him a child whom he reasonably believes may have been abused, sexually abused and/or neglected and such person requires such information to determine whether to place such child in protective custody; (c) a duly authorized agency having responsibility for the care or supervision of the subject of a report; (d) any person who is the subject of a report; (e) a court where it determines that such information is necessary for the determination of an issue before the court.

After a child, who is the subject of a report, reaches the age of eighteen (18) years, access to a child's record under subsections A and B of this section shall be permitted only if a sibling or offspring of such child is before such person and is a suspected victim of child abuse, sexual abuse and/or neglect. In addition, a physician or person in charge of an institution or agency making a report shall receive, upon request, a summary of the findings and action taken by the local child protection agency in response to the report. The amount of such detail shall depend upon the sources of the report and shall be established by regulations created by the commissioner of the central registry. However, under no circumstances shall the information be released unless the person's or official's capacity is confirmed by the department and the released information states whether or not the report is founded or unfounded. A person given access to the names or other information identifying a subject of the report, except the subject of a report, shall not divulge or make public such identifying information unless he is the district attorney or other law enforcement official and the purpose is to initiate court action.

(5) Unless an investigation of a report conducted pursuant to this Act determines there is some credible evidence of alleged abuse, sexual abuse or neglect, all information identifying on the subject of the report shall be expunged from the central registry forthwith.

(6) In all other cases, the record of the report to the central registry shall be sealed at no later than ten (10) years after the subject child's eighteenth (18th) birthday. Once sealed, the record shall not otherwise be

available, unless the commissioner of the central registry upon notice to the subjects of the report, gives his personal approval for an appropriate reason. In any case, and at any time, the commissioner may amend, seal or expunge any record upon good cause shown and notice to the subjects of the report.

(7) At any time, the subject of a report may receive, upon request, a report of all information contained in the central registry; provided, however, that the commissioner is authorized to prohibit the release of data that would identify the person who made the report or who cooperated in a subsequent investigation which he reasonably finds to be detrimental to the safety or interests of such person.

(8) At any time, subsequent to the completion of the investigation, but in no event later than ninety (90) days after the receipt of a report, a subject of the report may request the commissioner to amend, seal or expunge the record of the report. If the commissioner refuses or does not act within a reasonable time, but in no event later than thirty (30) days after such request, the subject shall have the right to a fair hearing to determine whether the record of the report in the central registry should be amended or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with this Act. The appropriate local child protective agency shall be given fair notice of the hearing. The burden, in such a hearing, shall be on the department and the appropriate local child protective services. In such hearings, the fact that there was such a finding of child abuse, sexual abuse or neglect shall be presumptive evidence that the report was substantiated.

(9) Written notice of any amendment or expungement made pursuant to the provisions of this Act, shall be served on each subject of such report and to the appropriate local child protective service. The latter, upon receipt of such notice, shall take similar action regarding any central local registry for child abuse, sexual abuse and/or neglect.

(10) Any person who willfully permits and any other person who encourages the release of data or information contained in the central registry to persons not permitted by this Act, shall be guilty of a Class A misdemeanor.

(B) The central registry may adopt such rules and regulations as may be necessary to encourage cooperation with other states in exchanging reports to effect a national registration system.

SECTION 14. All laws and parts of laws in conflict with this Act are hereby appealed.

SECTION 15. If any provision of this Act or the application thereto to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of this Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are declared to be severable.

SECTION 16. EMERGENCY. It is hereby found and determined by the Seventieth General Assembly that Public Law 93-247 of the 93rd Congress authorizes an appropriation to assist the states when the minimum requirements of a child abuse law are enacted as set out in House Bill Number 771 and that said Public Law 93-247 authorizes a Federal expenditure, provided that an

application is made for such funds prior to March 18, 1975; that the obtaining of this Federal grant by the State of Arkansas is essential to the operation of the program authorized in this Act, and in the event of a delay in the effective date of this Act beyond March 18, 1975 a reparable harm would result upon the proper administration in providing an essential governmental program. Therefore, an emergency is declared to exist, and this Act being necessary for the immediate preservation of the public peace, health and safety, shall be in full force and effect from and after its passage.

Approved: March 14, 1975

ATTACHMENT 3

STATE OF ARKANSAS

OFFICE OF THE ATTORNEY GENERAL

JUSTICE BUILDING, LITTLE ROCK

JIM GUY TUCKER
ATTORNEY GENERAL

January 7, 1976

Ms. Sharon Pallone
Director
SCAN Service, Inc.
Hendrix Hall
4313 West Markham
Little Rock, Arkansas 72201

Dear Ms. Pallone:

This is in response to your request for an interpretation of Section 3 of Act 397 of 1975, the Arkansas Child Abuse Act. Section 3 provides in part:

> When any physician, surgeon, coroner, dentist, osteopath, resident intern, registered nurse, hospital personnel (engaged in admission, examination, care or treatment of persons), teacher, school official, social service worker, day care center workers or any other child or foster care worker, mental health professional, peace officer or law enforcement official has reasonable cause to suspect that a child has been subjected to abuse, sexual abuse or neglect or observes the child being subjected to conditions or circumstances which would reasonably result in abuse, he shall immediately report or cause a report to be made to the department.

"Department" is defined in Section 2(e) as the District or State Social Services Division of the Department of Social&Rehabilitative Services. Section 11 provides both civil and criminal penalties for failure to make a report when required to do so under the Act.

SCAN is a private social service organization engaged in investigation of reports of suspected child abuse and neglect, protection of abused and neglected children, and treatment and counseling for parents of such children. SCAN is under contract with Arkansas Social Services to perform certain duties required of the department under Act 397. The State Social Services Program Plan for 1975-1976 provides, at page 56, for the department to purchase, by means of contract, services for children "for identification and diagnosis, receipt of reports, investigation of reports, determination that a child is vulnerable or at risk, counseling and therapy, training courses, legal representation, arranging for the provision of other services, and referrals to Social Services for alternate living arrangements." It is evident from this provision of the State Social Service Program Plan that the

department has delegated to SCAN certain of its duties under Act 397, among them the duty to receive and investigate reports of child abuse and neglect. Therefore, for purposes of performing these duties, SCAN is "the department." A person required by Act 397 to report suspected child abuse cases may fulfill that duty by reporting to SCAN.

The Attorney General is authorized to render formal and official opinions to officers and departments of the State government only. Necessarily, therefore, the foregoing is not to be considered a formal opinion of the Attorney General but is an informal and unofficial expression of view given with the desire to be helpful to you.

Yours truly,

JIM GUY TUCKER

By: Michael G. Epley
MICHAEL G. EPLEY
Assistant Attorney General

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